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JUN 29 2005

FACSIMILE COVER LETTER

To: Commissioner for Patents
Examiner Grigory Gurshman

Firm: U.S. Patent and Trademark Office
Art Unit 2132

Facsimile: (703) 872-9306

From: Thomas F. Presson

Date: June 29, 2005

Re: FLH Ref No.: 450100-02333
Serial No: 09/499,562

Number of Pages: 6
(including cover page)

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00293470

PATENT
450100-02333

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Mitsuhiro Suzuki et al.
 Serial No. : 09/499,562
 Filed : February 7, 2000
 For : COMMUNICATION APPARATUS, COMMUNICATION SYSTEM, AND METHOD OF THE SAME
 Examiner : Grigory Gurshman
 Art Unit : 2132

Commissioner for Patents
 P.O. Box 1450, Alexandria, VA 22313-1450

745 Fifth Avenue
 New York, NY 10151

Sir: Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional fee
Total claims	39	Minus	= 39	0 x	\$50 (25)	= \$00.00
Independent claims	11	Minus	= 11	0 x	\$200 (100)	= \$ 00.00
				Total additional fee for this amendment		\$ 00.00

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
 ** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
 *** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.
☐ This application contains a multiple dependent claim. The required fee of \$280 (\$140) has been previously paid __ or is paid herewith __.

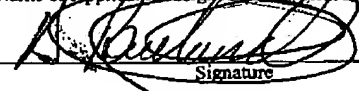
- ☐ This response is being filed within the first month following the expiration of the term originally set therefor. This is a petition to request a -month extension of time. A check covering the cost of the petition is enclosed.
☐ A check in the amount of \$.00 is attached, which covers the cost of ☐ additional claims ____ petition for extension of time.

☐ Charge \$__ to Deposit Account No. 50-0320.

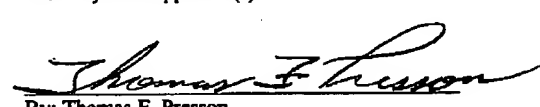
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

I hereby certify that this correspondence is being transmitted via facsimile to 703-872-9306 on June 29, 2005

DeAndre Breeland
 (Name of Applicant, Attorney, or Registered Representative)


 Signature
 June 29, 2005
 Date of Signature

FROMMER LAWRENCE & HAUG LLP
 Attorneys for Applicant(s)


 By: Thomas F. Presson
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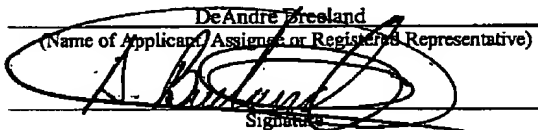
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Examiner : Grigory Gurshman
Art Unit : 2132
Confirmation No. : 1452

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DeAndre Bressland
(Name of Applicant, Assignee or Registered Representative)

Signature
June 29, 2005
Date of Signature

RESPONSE UNDER 37 C.F.R. § 1.111Commissioner for Patents
P.O. Box 1450, Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed on March 29, 2005, having a three-month
statutory period for response set to expire on June 29, 2005, please consider the follow remarks: